STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF REGISTERED NURSING
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ADVANCED PRACTICE RN
NURSE PRACTITIONER
WORK PERFORMANCE EVALUATION

Board of Registered Nursing Probation Monitor:_____

INSTRUCTIONS: As required by the Board of Registered Nursing (BRN) decision and order, a probationary Nurse Practitioner (NP) must have their practice evaluated and written reports submitted to the BRN on a periodic basis throughout the entire term of their probation. The frequency of the evaluation is monthly unless you have been notified otherwise. The evaluation must address all areas of practice and should be sufficient to determine if the NP is safe and competent in his/her practice. This form should be filled out in collaboration with the Board approved work site monitor(s) who are California Advanced Practice RN(s) with no current disciplinary action against their license, unless an alternative method of supervision is approved(i.e. MD)

Please note: Probationary NPs must abide by their current job approval and may NOT change the scope of their job unless a written request for modification has been approved.

ANSWER EACH SECTION COMPLETELY AND ACCURATELY AS IT APPLIES TO THE PROBATIONARY NP

REPORTING PERIOD

NOTE: Your report is for the previous timeframe (month or quarter), not for the future.

MONTHLY REPORTING: List the month & year you are reporting: _____
OR
QUARTERLY REPORTING: [check applicable quarter & indicate the year]

☐ **Jan. 1 – Mar. 31, _____** ***due between 4/1-4/10***
☐ **Jul. 1 – Sept. 30 _____** ***due between 10/1-10/10***
☐ **Apr. 1 – Jun. 30, _____** ***due between 7/1-7/10***
☐ **Oct. 1 – Dec. 31, _____** ***due between 1/1-1/10***

Nurse Practitioner's NAME: _____RN LIC. #_____
NP Cert #:_____ DEA #:_____POSITION/TITLE: _____
REGULAR HOURS WORKED/WEEK: _____OVERTIME HOURS PER WEEK _____

1. What is the current required level of supervision? Maximum- Moderate- Minimum- Other (circle one)
Have you provided that level of supervision? YES NO (circle one) If no, explain:
_____
_____

2. Have you disciplined the probationary NP in any manner during this reporting period? ie., warnings, counseling, suspension, etc.? YES NO (circle one) If yes, explain:
_____
_____
_____
_____

WORK PERFORMANCE RATING

Use this scale to answer the following questions and evaluate the NP's practice :

- **3….. Exceeds position expectations on a regular basis.**
- **2….. Meets position expectations for a safe and competent Advanced Practice RN.**
- **1….. Does NOT meet expectations: Improvement needed- See Action Plan Section.**
- **N/A …Not Assessed or Does not apply to the position.**

All areas rated as a "1" MUST be addressed in the Action Plan Section.

PROFESSIONALISM	3	2	1	N/A
COMMUNICATION: Listens to & respects wishes of patient/family. Adjusts communication level/style as needed.				
PROFESSIONAL DEMEANOR: Demonstrates a caring attitude even in unexpected &/or uncomfortable situations.				
DOCUMENTATION: Charting is complete & timely. Billing is accurate;				
RESPONSIBILITY: Dependable, Punctual Attendance. Incorporates professional and legal standards into clinical practice.				
COLLABORATION: Seeks advice & input when needed as defined by approved Policies, Protocols, & Standardized Procedures.				
COMPETENCIES: Updates knowledge & skills & keeps certificates current. Specifically regarding Specialty practice standards, Medications/Prescribing, National & State Certifying Boards, & 3rd party payers				
PRACTICE AREAS	**3**	**2**	**1**	**N/A**
ASSESSMENT:				
Obtains & documents a relevant health history from patient, family, &/or records.				
Performs a comprehensive symptom-focused physical exam within the NP's role.				
Demonstrates technical competence in performing common office procedures.				
Uses diagnostic tools for screening & prevention based on best Cost/Benefit analysis				
Identifies Health & psychosocial risk factors that are barriers to optimal health				
DIAGNOSIS/PLANNING:				
Demonstrates an understanding of age-specific pathophysiology and treatment in these populations…….**(circle all that apply)** INFANT CHILD ADOLESCENT ADULT GERIATRIC				
Accurately analyzes collected data to make diagnostic, management, consultation, &/or referral decisions per agency Policies & Standardized Procedures.				
Incorporates Patient/family wishes & economic factors in deciding plan of care				
Follows Standardized Procedures & Practice Standards regarding: Emergent cases				
INTERVENTION:				
Identifies, selects, and orders appropriate interventions per Standardized Procedures for age-specific populations; including, therapeutic devices & treatments, & medications.				

PRACTICE AREAS (cont)	3	2	1	N/A
Follows Schedule II & III patient specific protocols when ordering Schedule II & III medications per Standardized Procedures				
Counsels and educates patients & families re: diagnosis, treatment plan, medications, & expected outcomes based on individualized needs				
Initiates timely consultation &/or referrals based on treatment plan.				
Offers palliative care & end-of-life care when appropriate after educating pt/family				
EVALUATION				
Evaluates the patient's response to treatment & progress toward prior level of functioning. Adjusts plan of care as needed.				
Initiates appropriate & timely follow-up care				

RESULTS OF AUDITS: Please specify type of audit & results. If none, indicate none.

_____
_____
_____

COMMENTS:_____
_____
_____
_____

ACTION PLAN: (Address all areas that are listed as 1s)

_____
_____
_____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EVALUATOR NAME AND TITLE: _____

PHONE NUMBER: _____**EMAIL:** _____

EVALUATOR SIGNATURE: _____**DATE:**_____

****EVALUATIONS MUST BE COMPLETED AFTER THE REPORTING PERIOD AND CANNOT BE SUBMITTED EARLY.***

FORMS MAY BE RETURNED BY MAIL, FAX OR SCANNED & E-MAILED DIRECTLY TO THE PROBATION MONITOR.

Board of Registered Nursing
Attn: Probation Unit
Po Box 944210
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